Case Information

23EV004334 | Jeffrey Allen vs. R.J. Corman Railroad Services, LLC.

Case Number	Court	Judicial Officer
23EV004334	State Court	Morrison, Jane
File Date	Case Type	Case Status
07/19/2023	PERSONAL INJURY	Open

Party

Plaintiff
Allen, Jeffrey

Address
P O Drawer 220
Rossville GA 30741

Active Attorneys ▾
Lead Attorney
ROYAL, CARSON
Retained

Defendant
R.J. Corman Railroad Services, LLC.

Address
c/o Registered Agent Solutions, Inc.
900 Old Roswell Lakes Pkwy #310
Roswell GA 30076

Events and Hearings

07/19/2023 COMPLAINT

Complaint

Comment
Complaint

07/19/2023 Discovery

Discovery to Defendant

Comment
Discovery to Defendant

08/10/2023 Summons With Service

Summons and seos

Comment
Summons and seos

08/11/2023 Service to Marshal/Process Server

08/11/2023 COMPLAINT

Unserved

08/18/2023 SERVICE

Black and White0727.pdf

Comment
RETURN OF SERVICE

Financial

Allen, Jeffrey

Total Financial Assessment	$272.00
Total Payments and Credits	$272.00

7/19/2023	Transaction Assessment			$222.00
7/19/2023	File & Serve	Receipt # TCJT-498656	Allen, Jeffrey	($222.00)

8/9/2023	Transaction Assessment			$50.00
8/9/2023	File & Serve	Receipt # TCJT-501280	Allen, Jeffrey	($50.00)

Documents

Complaint

Discovery to Defendant

Summons and seos

Black and White0727.pdf

GEORGIA, FULTON COUNTY

STATE COURT OF FULTON COUNTY
Civil Division

CIVIL ACTION FILE #: _____

Jeffrey Allen

Plaintiff's Name, Address, City, State, Zip Code

vs.

R.J. Corman Railroad Services, LLC and John DOE

Defendant's Name, Address, City, State, Zip Code — R.J. Corman Railroad Services, LLC c/o Registered Agent Solutions Inc. 900 Old Roswell Lakes Pkwy Suite 310 Roswell GA 30076

TYPE OF SUIT	AMOUNT OF SUIT
[ ] ACCOUNT	PRINCIPAL $_____
[ ] CONTRACT	
[ ] NOTE	INTEREST $_____
[✓] TORT	
[ ] PERSONAL INJURY	ATTY. FEES $_____
[ ] FOREIGN JUDGMENT	
[ ] TROVER	COURT COST $ _____
[ ] SPECIAL LIEN	
[ ] NEW FILING	
[ ] RE-FILING: PREVIOUS CASE NO.: _____	

SUMMONS

TO THE ABOVE NAMED-DEFENDANT:

You are hereby required to file with the Clerk of said court and to serve a copy on the Plaintiff's Attorney, or on Plaintiff if no Attorney, to-wit:

Name: CARSON A. ROYAL
Address: PO Drawer 920
City, State, Zip Code: Rossville GA 30741 Phone No.: 706-861-0203

An answer to this complaint, which is herewith served upon you, must be filed within thirty (30) days after service, not counting the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint, plus cost of this action. DEFENSES MAY BE MADE & JURY TRIAL DEMANDED, via electronic filing or, if desired, at the e-filing public access terminal in the Self-Help Center at 185 Central Ave., S.W., Ground Floor, Room TG300, Atlanta, GA 30303.

Donald Talley, Chief Clerk (electronic signature)

SERVICE INFORMATION:
Served, this 17 day of August, 2023.

C. Caldwell
DEPUTY MARSHAL, STATE COURT OF FULTON COUNTY

WRITE VERDICT HERE:
We, the jury, find for _____

This _____ day of _____, 20____. _____ Foreperson

(STAPLE TO FRONT OF COMPLAINT)

State Court of Fulton County
EFILED
File & ServeXpress
Transaction ID: 70432546
Date: Jul 19 2023 12:00AM
Donald Talley, Chief Clerk
Civil Division

IN THE STATE COURT OF FULTON COUNTY

STATE OF GEORGIA

JEFFREY ALLEN, Plaintiff, vs. R.J. CORMAN RAILROAD SERVICES, LLC., and JOHN DOE, Defendants.	)	State Court Civil Action File No_____ **JURY TRIAL DEMAND**

COMPLAINT FOR DAMAGES

COMES NOW JEFFREY ALLEN ("Plaintiff") in the above styled action, and by and through her undersigned counsel files this Complaint for Damages, and shows the Court the following:

STATEMENT OF JURISDICTION AND VENUE

1.

Plaintiff voluntarily subjects himself to the jurisdiction and venue of the Court by filing this Complaint for Damages.

2.

Defendant R.J. CORMAN RAILROAD SERVICES, LLC. committed tortious acts or omissions and may be served with the Summons and a copy of the Complaint through its registered agent, Registered Agent Solutions, Inc., 900 Old Roswell Lakes Parkway Suite 310, Roswell, GA 30076.

3.

Defendant R.J. Corman Railroad Services, LLC. committed tortious acts or omissions on or about October 4, 2021, on the premises of the R.J. Corman Railroad Services, LLC. store it owned and occupied located at the Chickamauga GA train yard located in Chickamauga,

Walker County, Georgia.

4.

Defendant R.J. Corman Railroad Services, LLC. is subject to the jurisdiction and venue of this Court.

5.

Defendant JOHN DOE, (hereinafter, John Doe), whose true name is unknown to Plaintiff, committed tortious acts or omissions on October 4, 2021, at the Chickamauga train yard in Chickamauga GA. He will be properly served with process upon his identity being ascertained.

FACTS OF THE CASE

6.

Plaintiff re-alleges and incorporates paragraphs 1 through 5 above, and further alleges as follows.

7.

On or before October 4, 2021, Defendant completed maintenance on the railroad located at the Chickamauga train yard, (hereafter "the Premises").

8.

On October 4, 2021, Defendant occupied the Premises.

9.

On or about October 4, 2021, Plaintiff was a working on the Premises for his employer, Shaw Industries.

10.

On or about October 4, 2021, John Doe was an employee of Defendant R.J. Corman Railroad Services, LLC. and worked on the Premises.

11.

On or about October 4, 2021, Plaintiff had tripped and fell on a metal spacer.

12.

Defendant failed to adequately maintain their workspace.

13.

Defendant failed to clean up the materials.

14.

Defendant's employees were aware of the materials.

15.

As a result of Plaintiff's fall, he sustained injuries to his back.

NEGLIGENCE OF DEFENDANT

16.

Plaintiff re-alleges and incorporates paragraphs 1 through 15 above, and further alleges as follows.

17.

Defendant owed a duty to Plaintiff to exercise that degree of care exercised by an ordinarily prudent person under the same or similar circumstances to protect Plaintiff from non-obvious dangerous conditions.

18.

Defendant breached the above stated duty of care owed Plaintiff in that Defendant failed to clean up their construction material.

19.

The Defendant's knowledge of the dangerous condition was superior to that of the Plaintiff's knowledge.

20.

Plaintiff exercised all ordinary care owed under the circumstances.

21.

As a result of its above-described breach of the duty of care to Plaintiff, Defendant was negligent.

22.

The negligent acts and omissions of the agent(s) of Defendant's employees may be imputed to Defendant by the doctrine of respondeat superior.

23.

As a direct, substantial and proximate result of the negligence of Defendant, Plaintiff sustained physical injuries and has incurred expenses for medical attention and lost wages. Plaintiff's medical bills are currently unknown, but the Plaintiff will amend this complaint to disclose said amount when the time is appropriate.

24.

As a further direct, substantial and proximate result of the negligence of Defendant, there is a reasonable probability that Plaintiff will incur future medical expenses and lost wages. The exact amount of these future medical expenses and lost wages is not known at this time.

25.

As a further direct, substantial and proximate result of the negligence of Defendant, Plaintiff has endured and continues to endure, mental and physical pain and suffering. There is a reasonable probability that his injuries will result in continued pain and suffering as well as permanent disability and impairment.

WHEREFORE, Plaintiff prays for the following:

1. That the Summons shall issue and that Defendants be served with the Summons and a copy of this Complaint as provided by law,

2. That this case be tried before a fair and impartial jury,

3. That Plaintiff be awarded $70,000.00 for special damages, including medical expenses

and lost wages, and

4. General damages including compensation for past and future pain and suffering in an amount to be determined by the enlightened conscience of a fair and impartial jury, and

5. For such other and further relief as the Court deems just and proper under the circumstances.

Respectfully submitted this 14th day of July, 2023.

CARSON A. ROYAL
GA Bar No. 964008
Attorney for Plaintiff

HARRISS HARTMAN LAW FIRM, P.C.
Carson Royal
P.O. Drawer 220
Rossville, GA 30741
(706) 861-0203
(706) 861-6838 (Facsimile)
Email: carson.royal@harrisshartman.com

PATIENT NO: [redacted] PARKRIDGE MED CTR INC BILLING DATE PAGE 1 00031
MED REC NO: [redacted] 2333 MCCALLIE AVE 10/12/21
GUARANTOR NO:
PATIENT: CHATTANOOGA TN [redacted]3258 ADMITTED DISCHARGED
ALLEN JEFFREY PAUL 10/05/21 10/05/21

PAY TO ADDRESS: DBA PARKRIDGE MED CTR
PO BOX 402620
ATLANTA
GA 303842620

BILL TO:
ALLEN JEFFREY PAUL EMERGENCY FC=04
[redacted] ADMIT THRU DISCHARGE CLAIM

DATE OF SERVICE	BATCH REF	DEPT	F S	NDC/CPT-4/ HCPCS	PROC	QTY	SERVICE DESCRIPTION	CHARGES
352-CT SCAN/BODY								
100521	05B056	0726		315335	72125	1	CT C-SPINE W/O CONTRAS	4835.80
							SUBTOTAL:	4835.80
450-EMERG ROOM								
100521	07B385	0780		319041	99284	1	LVL 4 EMER DEPT	1051.55
							SUBTOTAL:	1051.55
							TOTAL ANCILLARY CHARGES	5887.35
							TOTAL CHARGES	5887.35
							PAYMENTS	.00
							ADJUSTMENTS	.00
							BALANCE	5887.35

INSURANCE BENEFITS ASSIGNED TO
PARKRIDGE MEDICAL CENTER.

PATIENT NO: [redacted] PARKRIDGE MED CTR INC BILLING DATE PAGE 2 00031
MED REC NO: [redacted] 2333 MCCALLIE AVE 10/12/21
GUARANTOR NO:
PATIENT: CHATTANOOGA TN [redacted]3258 ADMITTED DISCHARGED
ALLEN JEFFREY PAUL 10/05/21 10/05/21

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0726	CT	4,835.80
0780	EMERGENCY ROOM	1,051.55

REVENUE CHARGE SUMMARY

REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0352	CT SCAN/BODY	4,835.80	.00	4,835.80
0450	EMERG ROOM	1,051.55	.00	1,051.55

TOTAL CHARGES: 5,887.35
TOTAL PAYMENTS: .00
TOTAL ADJUST: .00

SE TENNESSEE EMERG PHYS, PLLC
PO BOX 37988
PHILADELPHIA, PA 19101-7988

TAX ID# [redacted]7733
[redacted]6332-00
#BWNJFDB
[redacted]9453#
JEFFREY P ALLEN
[redacted]

DGE

STATEMENT OF ACCOUNT (0)

Statement Date: 07/18/22

Account Number: [redacted]
Patient Name: JEFFREY P ALLEN

Amount You Owe: $0.00

Services provided at:

PARKRIDGE MEDICAL CENTER - 2333 MCCALLIE AVENUE - CHATTANOOGA TN 37404-3258

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
10/05/2021	99284	EMERGENCY EVAL & MGMT (LVL 4)	DR. CUNNINGHAM	$1,198.00	$1,198.00	1,2,3	$0.00

1. WORKERS COMP CONTRACTUAL ALLOWANCE
2. WORKERS COMP PAYMENT
3. WORKERS COMP PD/30 BALANCE/NEW DF PAYOR. NO NEW ACTION

Total Charges: $1,198.00
Current Patient Responsibility: $0.00

Insurance Information:
Insurance 1: WORKERS COMP GEORGIA - WORKERS COMPENSATION

RADIOLOGY ALLIANCE PC
P O BOX 440166
NASHVILLE TN 37244-0166
(800)475-6112

Patient:
Acct #: [redacted]
ALLEN,JEFFREY PAUL
[redacted]

Responsible party:
ALLEN, JEFFREY PAUL
[redacted]

Srvc. Date	Proced	Proc. Description	Charge	Balance	Physician
10/05/2021	72125	CT CRV SPI C-MATRL	$535.00	$0.00	GALLAGHER, THOMAS

Payment Information
Insurance Payment: 12/01/2021 of $84.53 Adjustment: $450.47

10/05/2021	G9637	FINAL REPORTS WITH DOCUM	$0.00	$0.00	GALLAGHER, THOMAS

Payment Information
Insurance Payment: 10/18/2021 of $0.00 Adjustment: $0

TOTAL BALANCE: $0.00
Print Date: 10/26/2022

Reproduced: Wednesday, October 26, 2022 04:13:00 PM (sylvana.ramirez)

HARRISS AND HARTMAN
200 MCFARLAND AVE PO DRAWER 220
ROSSVILLE GA 30741

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) / MEDICAID (Medicaid#) / TRICARE (ID/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): ALLEN JEFFERY P	3. PATIENT'S BIRTH DATE: [redacted] 1966; SEX: M X F
4. INSURED'S NAME (Last Name, First Name, Middle Initial): ALLEN JEFFERY P	
5. PATIENT'S ADDRESS (No., Street): [redacted]	6. PATIENT RELATIONSHIP TO INSURED: Self X / Spouse / Child / Other
7. INSURED'S ADDRESS (No., Street): [redacted]	
CITY: [redacted] STATE: [redacted]	8. RESERVED FOR NUCC USE
CITY: [redacted] STATE	
ZIP CODE: [redacted] TELEPHONE (Include Area Code): ([redacted]	
ZIP CODE	TELEPHONE (Include Area Code): ([redacted]
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER: NONE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES / NO X
a. INSURED'S DATE OF BIRTH: [redacted] 1966; SEX: M X F	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES / NO X PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES / NO X
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES / NO X If yes, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED: SIGNATURE ON FILE DATE: 06/05/2022

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE MM DD YY QUAL.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN JAMES M OSBORN MD	17a. / 17b. NPI 1366417396
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES / NO X $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. M43.12 B. M48.02 C. M54.10 D. M54.51 E. M51.37 F. M54.17 G. H. I. J. K. L.	22. RESUBMISSION CODE: ORIGINAL REF. NO.
	23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 04 28 22	04 28 22	11		99204	25	ABC	651 00	1		NPI	1366417396
2 04 28 22	04 28 22	11		72110		DEF	213 00	1		NPI	1366417396
3 04 28 22	04 28 22	11		1036F		ABC	0 00	1		NPI	1366417396
4 04 28 22	04 28 22	11		G8484		ABC	0 00	1		NPI	1366417396
5 04 28 22	04 28 22	11		G9990		ABC	0 00	1		NPI	1366417396
6 04 28 22	04 28 22	11		G8427		ABC	0 00	1		NPI	1366417396

25. FEDERAL TAX I.D. NUMBER: 834746743	SSN EIN: EIN X	26. PATIENT'S ACCOUNT NO.: 12044	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES X / NO	28. TOTAL CHARGE: $ 864 00	29. AMOUNT PAID: $	30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
JAMES M OSBORN, M.D.
SIGNED DATE 05/05/22

32. SERVICE FACILITY LOCATION INFORMATION
COMPREHENSIVE SPINE INSTITUTE
1208 POINTE CENTRE DR SUITE 110
CHATTANOOGA TN 37421-4143
1881256048

33. BILLING PROVIDER INFO & PH #: (423 5415990
COMPREHENSIVE SPINE INSTITUTE
1206 POINTE CENTRE DRIVE
CHATTANOOGA TN 37421-4143
1881256048

PLEASE PRINT OR TYPE

PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION
CARRIER

HARRISS AND HARTMAN
200 MCFARLAND AVE PO DRAWER 220
ROSSVILLE GA 30741

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) / MEDICAID (Medicaid#) / TRICARE (ID/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER (ID#) — OTHER checked	1a. INSURED'S I.D. NUMBER (For Program in Item 1) [redacted]
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): ALLEN, JEFFERY, P	3. PATIENT'S BIRTH DATE: [redacted] 1966 — SEX: F	4. INSURED'S NAME (Last Name, First Name, Middle Initial): ALLEN, JEFFERY, P
5. PATIENT'S ADDRESS (No., Street): [redacted]	6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other	7. INSURED'S ADDRESS (No., Street): [redacted]
CITY: [redacted]	STATE: [redacted]	8. RESERVED FOR NUCC USE	CITY: [redacted]	STATE: [redacted]
ZIP CODE: [redacted]	TELEPHONE (Include Area Code): ([redacted]		ZIP CODE: [redacted]	TELEPHONE (Include Area Code): ([redacted]
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER: NONE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous): YES / NO	a. INSURED'S DATE OF BIRTH: [redacted] 1966 — SEX: M X / F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES / NO X — PLACE (State):	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES / NO X	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES / NO X — If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED: SIGNATURE ON FILE — DATE: 05/05/2022

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL.	15. OTHER DATE QUAL.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM — TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN JAMES M OSBORN MD	17a. — 17b. NPI 1366417396
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM — TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES / NO X — $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) — ICD Ind. 0	22. RESUBMISSION CODE: — ORIGINAL REF. NO.
A. M43.12 B. M48.02 C. M54.10 D. M54.51 E. M54.37 F. M54.17 G. H. I. J. K. L.	23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 04 28 22	04 28 22	11		G9903		ABC	0 00	1		NPI	1366417396
2 04 28 22	04 28 22	11		G9744		ABC	0 00	1		NPI	1366417396
3 04 28 22	04 28 22	11		G8447		ABC	0 00	1		NPI	1366417396
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER: 334746743	SSN / EIN: X	26. PATIENT'S ACCOUNT NO.: 12044-1	27. ACCEPT ASSIGNMENT? YES X / NO	28. TOTAL CHARGE: $	29. AMOUNT PAID: $	30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
JAMES M OSBORN, M.D.
SIGNED — DATE: 05/05/22

32. SERVICE FACILITY LOCATION INFORMATION
COMPREHENSIVE SPINE INSTITUTE
1206 POINTE CENTRE DR SUITE 110
CHATTANOOGA TN 37421-4143
1881256048

33. BILLING PROVIDER INFO & PH # (423) 5415990
COMPREHENSIVE SPINE INSTITUTE
1206 POINTE CENTRE DRIVE
CHATTANOOGA TN 37421-4143
1881256048

PLEASE PRINT OR TYPE — CR051657 — APPROVED OMB-0938-1197 FORM 1500 (02-12)

NUCC Instruction Manual available at: www.nucc.org
MB-0210W-0712A

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Make Checks Payable To:

Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA
STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/26/2022	$193.82	[redacted]
SHOW AMOUNT PAID HERE $		

ADDRESSEE:
Allen, Jeffrey
[redacted]

REMIT TO:
Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
Thank You Prime Imaging COC

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
10/05/22	ENCOUNTER 264895 FOR ALLEN, JEFFREY WITH MCPHERSON MD, GARTH				
10/05/22	74176 - CT ABD/PELVIS WO CONT	$556.00		$193.82	
10/05/22	SB Patient Pay Credit Card	-$50.00			
10/25/22	SB COMMERCIAL PYMT (PR1 (Applied To Deductible))	$0.00			
10/25/22	SB COMMERCIAL CONT ADJ (PR1 (Applied To Deductible))	-$312.18			
10/05/22	G9637 - DOSE REDUCTION TECHNIQUES MET	$0.01	$0.01		
10/25/22	SB COMMERCIAL PYMT	$0.00			
10/25/22	SB COMMERCIAL CONT ADJ	$0.00			
	ENCOUNTER TOTAL	$193.83	$0.01	$193.82	$193.83

PAY ON LINE AT PRIMEIMAGING.COM
The balance is patient responsibility and is now due.

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$193.83	$0.00	$0.00	$0.00	$0.00	$193.83

MESSAGE:
for questions regarding this statement, please call 423-760-4875

Please Pay This AMOUNT >>>>$193.82

** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT

Make Checks Payable To:

Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA
STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/26/2022	$0.00	[redacted]
SHOW AMOUNT PAID HERE $		

ADDRESSEE:
[redacted]
Allen, Jaffrey
[redacted]
USA

REMIT TO:
[redacted]
Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
Thank You Prime Imaging CGC

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
01/06/22	ENCOUNTER 249389 FOR ALLEN, JEFFREY WITH BUSCH MD, JAMES				
01/06/22	G9500 - RADIATION EXPOSURE INDICES	$0.01			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
03/21/22	SB COMMERCIAL CONT ADJ	-$0.01			
03/21/22	SB Commercial Credit Card Payment	$0.00			
04/03/22	SB COMMERCIAL PYMT	$0.00			
01/06/22	Q9967.M (QTY 10.00) - ISOVUE 300-399 mg/ml	$20.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
03/21/22	SB COMMERCIAL CONT ADJ	-$20.00			
03/21/22	SB Commercial Credit Card Payment	$0.00			
04/03/22	SB COMMERCIAL PYMT	$0.00			
01/06/22	62305 - RF MYELOGRAM 2 OR MORE REGIONS	$735.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
for questions regarding this statement, please call 423-760-4875

>>>> Continued

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

Make Checks Payable To:

Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA
STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
☐ American Express ☐ Discover ☐ Mastercard ☐ Visa		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/20/2022	$0.00	[redacted]
SHOW AMOUNT PAID HERE $		

ADDRESSEE:
Allen, Jeffrey
[redacted]
USA

REMIT TO:
Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
Thank You Prime Imaging CGC

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
03/21/22	SB Commercial Credit Card Payment	-$293.39			
03/21/22	SB COMMERCIAL CONT ADJ	-$442.61			
04/03/22	SB COMMERCIAL PYMT	$0.00			
	ENCOUNTER TOTAL	$0.00	$0.00	$0.00	$0.00
01/06/22	ENCOUNTER 249369 FOR ALLEN, JEFFREY WITH KING, COLLIER DO				
01/06/22	72132L - CT LUMBAR POST MYELOGRAM	$627.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
03/21/22	SB COMMERCIAL CONT ADJ	-$416.80			
03/21/22	SB Commercial Credit Card Payment	-$210.20			
04/03/22	SB COMMERCIAL PYMT	$0.00			
01/06/22	72126C - CT CERVICAL POST MYELOGRAM	$629.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
for questions regarding this statement, please call 423-760-4676

>>>> Continued

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

Make Checks Payable To:

Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA
STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐ American Express	☐ Discover	☐ Mastercard	☐ Visa
CARD NUMBER		CVV	AMOUNT
SIGNATURE			EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR	
10/26/2022	$0.00	[redacted]	
SHOW AMOUNT PAID HERE $			

ADDRESSEE:
Allen, Jeffrey
[redacted]
USA

REMIT TO:
Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
Thank You Prime Imaging COC

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
03/21/22	SB COMMERCIAL CONT ADJ	-$418.80			
03/21/22	SB Commercial Credit Card Payment	-$210.20			
04/03/22	SB COMMERCIAL PYMT	$0.00			
01/06/22	G9637 - DOSE REDUCTION TECHNIQUES MET	$0.01			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
03/21/22	SB Commercial Credit Card Payment	$0.00			
03/21/22	SB COMMERCIAL CONT ADJ	-$0.01			
04/03/22	SB COMMERCIAL PYMT	$0.00			
01/06/22	G9637 - DOSE REDUCTION TECHNIQUES MET	$0.01			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/24/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
01/31/22	SB COMMERCIAL CONT ADJ	$0.00			
01/31/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL PYMT	$0.00			
02/14/22	SB COMMERCIAL CONT ADJ	$0.00			
03/21/22	SB COMMERCIAL CONT ADJ	-$0.01			
03/21/22	SB Commercial Credit Card Payment	$0.00			
04/03/22	SB COMMERCIAL PYMT	$0.00			
	ENCOUNTER TOTAL	$0.00	$0.00	$0.00	$0.00

PAY ON LINE AT PRIMEIMAGING.COM

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

MESSAGE:
for questions regarding this statement, please call 423-760-4875

Please Pay This AMOUNT >>>> $0.00

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

Make Checks Payable To:

Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA
STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐ American Express	☐ Discover	☐ Mastercard	☐ Visa
CARD NUMBER	CVV	AMOUNT	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR	
10/26/2022	$0.00	[redacted]	
SHOW AMOUNT PAID HERE $			

ADDRESSEE:
Allen, Jeffrey
[redacted]
USA

REMIT TO:
Prime Imaging Chattanooga Outpatient Ctr
1604 Gunbarrel Road
Chattanooga, TN 37421-3125
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
Thank You Prime Imaging COC

Date	Description Of Service	Amount	Insurance Balance	Patient Balance	Balance
12/09/21	ENCOUNTER 247891 FOR ALLEN, JEFFREY WITH KADRIE MD, TAREK				
12/09/21	95886 - EMG W/NERVE CONDUCTION, COMPLETE	$255.00	$255.00		
01/18/22	SB COMMERCIAL PYMT	$0.00			
01/18/22	SB COMMERCIAL CONT ADJ	$0.00			
04/28/22	SB COMMERCIAL PYMT	$0.00			
04/28/22	SB COMMERCIAL CONT ADJ	$0.00			
05/04/22	SB COMMERCIAL CONT ADJ	$0.00			
05/04/22	SB COMMERCIAL PYMT	$0.00			
12/09/21	95910 - Nerve Conduction 7-8	$551.00	$551.00		
01/18/22	SB COMMERCIAL PYMT	$0.00			
01/18/22	SB COMMERCIAL CONT ADJ	$0.00			
04/28/22	SB COMMERCIAL PYMT	$0.00			
04/28/22	SB COMMERCIAL CONT ADJ	$0.00			
05/04/22	SB COMMERCIAL CONT ADJ	$0.00			
05/04/22	SB COMMERCIAL PYMT	$0.00			
	ENCOUNTER TOTAL	$806.00	$806.00	$0.00	$806.00

PAY ON LINE AT PRIMEIMAGING.COM
The balance is patient responsibility and is now due.

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
[redacted]	$806.00	$0.00	$0.00	$0.00	$0.00	$806.00

MESSAGE:
for questions regarding this statement, please call 423-760-4875

Please Pay This AMOUNT >>>> $0.00

** PAYMENT DUE UPON RECEIPT **THANK YOU **
STATEMENT

State Court of Fulton County
EFILED
File & ServeXpress
Transaction ID: 70432546
Date: Jul 19 2023 12:00AM
Donald Talley, Chief Clerk
Civil Division

IN THE STATE COURT OF FULTON COUNTY

STATE OF GEORGIA

JEFFREY ALLEN, Plaintiff, vs.: R.J. CORMAN RAILROAD SERVICES, LLC., and JOHN DOE, Defendants.	)	State Court Civil Action File No_____ JURY TRIAL DEMAND

PLAINTIFF'S FIRST INTERROGATORIES, REQUEST FOR PRODUCTION OF DOCUMENTS AND REQUEST FOR ADMISSIONS TO DEFENDANT R.J. CORMAN RAILROAD SERVICES, LLC.

NOW COMES Jeffrey Allen, Plaintiff in the above-styled action, and, pursuant to O.C.G.A. § 9-11-26, 9-11-33, 9-11-34 and 9-11-36, serves upon Defendant R.J. Corman Railroad Services, LLC. ("Defendant") his First Interrogatories, Request for Production of Documents and Request for Admissions and requests that they be answered fully in writing and under oath within the time provided by the Georgia Civil Practice Act.

DEFINITIONS AND INSTRUCTIONS

1. The terms "document" and "documents" shall be used in their broadest sense and shall mean and include, but not be limited to, all writings of any kind, nature and character, including electronically stored information, such as electronic mail ("e-mail").

2. The term "person(s)" means any natural person, partnership, corporation, joint venture, proprietorship, association, governmental entity, agency, group, organization or group of persons.

3. These discovery requests shall be deemed continuing in nature to the extent permitted by Rule 26(e) of the Georgia Civil Practice Act, and you are specifically required to serve supplemental answers if you later obtain (a) information regarding the identity and location of

persons having knowledge of discoverable matters; or (b) information upon the basis of which (i) you know that an answer was incorrect when made; or (ii) you know that an answer, though correct when made, is no longer true, and the circumstances are such that a failure to amend your answer is in substance a knowing concealment.

4. In the event that the attorney-client privilege, the work product privilege, or any other claim of privilege is asserted with respect to any information requested in these Interrogatories, or any document, the identification of which is sought by these Interrogatories, then as to each such item of information or document subject to such assertion, you shall supply in writing a specific basis for the assertion of the privilege or claim and an identification of such information or documents with sufficient specificity to permit the Court to reach a determination in the event of a motion to compel as to the applicability of the asserted privilege.

INTERROGATORIES

1.

Identify every person involved in preparing the responses to these interrogatories and/or in providing information used in responding to these interrogatories.

2.

In accordance with O.C.G.A. §9-11-26(b)(4)(A), state the name and address of each person whom you expect to call as an expert witness at the trial of this case, state the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds of each such opinion.

3.

In accordance with O.C.G.A. §9-11-26(b)(2), identify every insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a

judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgment.

4.

Please identify each person that you believe has personal knowledge and/or other information relating to the October 4, 2021 incident giving rise to the above-styled civil action (hereinafter referred to as "the Incident") and/or any of the facts alleged in the Complaint filed on behalf of Plaintiff in this civil action. State briefly the nature of each person's knowledge and/or information.

5.

Please identify every person from whom you have obtained statements in any form regarding the Incident and/or any of the facts alleged in the Complaint. For each person identified, provide the person's name, last known address, last known telephone number, last known employer and job title. Please also identify each person who prepared, participated in, or heard such statements.

6.

Please list all communications that you, or any representative on your behalf, have had with Plaintiff.

7.

Please list all communications that you, or any representative on your behalf, have had with any person other than Plaintiff which relate to the Incident.

8.

Please identify: (a) any eyewitnesses to the Incident; (b) any person who had any communication with Plaintiff after the Incident; and (c) any person involved in any post-Incident investigation.

9.

Please identify all persons who were responsible for constructing, inspecting, fixing, repairing and/or maintaining the train yard on the Premises on October 4, 2021.

10.

Identify all documents you generated which are related to the Incident .

11.

Identify all documents you have obtained from any third party which are related to the Incident and/or the claims asserted in the present lawsuit, including, but not limited to, documents related to any medical treatment Plaintiff has received. This includes any witness statements, incident reports, and/or photographs.

12.

Identify all photographs and/or video recordings (whether or not such photographs and/or video recordings are still in existence) depicting the area on the Premises where Plaintiff fell on October 4, 2021. This interrogatory includes any photo of the area taken at any time before or after Plaintiff's fall.

13.

Identify all photographs and/or video recordings (whether or not such photographs and/or video recordings are still in existence) depicting Plaintiff on October 4, 2021, or anytime thereafter.

14.

Are you aware of any instance prior to October 4, 2021, in which any individual reported hazardous conditions in or on the train yard? If so:

(a) Identify all such instances by date and the location;

(b) Identify all documents related to such instance;

(c) Describe all actions taken by you or any third party to repair or remediate the hazardous condition;

(d) State whether any person was injured due to a reported hazardous condition;

(e) State whether such person made any claim for personal injury; and

(f) Identify such person(s).

15.

Describe all repairs or inspections made to the area of the train yard of the Premises after Plaintiff tripped on October 4, 2021. Your response should include the identity of all persons involved in making such repairs or inspections.

16.

Please state with specificity when and from what information Defendants first anticipated litigation in this case.

REQUEST FOR PRODUCTION OF DOCUMENTS

1.

Please produce any and all documents that are identified in your responses to Plaintiff's First Continuing Interrogatories to Defendant.

2.

Please produce any and all documents in your possession, custody or control which relate to Plaintiff.

3.

Please produce any and all documents in your possession, custody, or control which relate to the October 4, 2021 incident (hereinafter "the Incident") in which Plaintiff tripped at the Chickamauga train yard located in Chickamauga, Georgia, ("the Premises").

4.

Please produce any reports related to this Incident.

5.

Please produce all documents related to Plaintiff and/or the Incident which you obtained or received from any third party as a result of any request for documents, whether formal or informal, made by you or any of your representatives.

6.

Please produce a copy of all documents that pertain, relate to, or discuss the claims asserted in the Complaint filed by Plaintiff in the above-styled action.

7.

Please produce any and all documents which have been furnished by you or your counsel to your expert witness.

8.

Please produce all expert reports related to the claims asserted in the Complaint.

9.

Please produce any written job descriptions which describe any obligations any person had

in relation to the repairs, inspection, or maintenance of the train yard in which the Plaintiff fell which were in effect on October 4, 2021.

10.

Please produce any statements made by Plaintiff.

11.

Please produce all documents you have obtained from any third party which are related to the claims asserted in the present lawsuit, including, but not limited to, documents related to Plaintiff's injuries.

12.

Please produce all photographs and/or video recordings depicting the area where Plaintiff was injured on October 4, 2021.

13.

Please produce all photographs and/or video recordings in your possession, custody, or control depicting Plaintiff.

14.

Please produce all photographs and/or video depicting the area at-issue in this case.

15.

Please produce all documents which evidence any communications between Plaintiff, or his representatives, and you, or your representatives.

16.

Please produce all documents which evidence any communications between you and any person other than Plaintiff regarding the Incident, or any injuries sustained by Plaintiff as a result

of the Incident.

18.

Please produce all documents which memorialize, reference, and/or relate to any repairs, inspections or maintenance of the train yard at Chickamauga, Georgia at issue in this case.

REQUEST FOR ADMISSIONS

1.

Please admit that you were responsible for the maintenance and cleaning of the premises located at the Chickamauga train yard located in Chickamauga, Georgia, ("the Premises").

2.

Please admit that you were responsible for cleaning or maintaining the Chickamauga train yard in Chickamauga, Georgia on October 4, 2021.

3.

Please admit that after Plaintiff tripped on the Premises, you arranged to have the area cleaned up.

4.

Please admit that you prepared a written report regarding the incident.

5.

Please admit that there were no warning or caution signs in the area at the time of the incident.

6.

Please admit that you had a video surveillance system in place on the Premises on October 4, 2021.

7.

Please admit that your video surveillance system was operating on October 4, 2021.

8.

Please admit that the incident was captured on video.

This 19th day of July, 2023.

HARRISS HARTMAN LAW FIRM, P.C.

Carson A. Royal
GA Bar No. 964008
Attorney for Plaintiff

STATE COURT OF FULTON COUNTY
STATE OF GEORGIA

DO NOT WRITE IN THIS SPACE

23EV004334

RECEIVED
AUG 15 RECD

Jeffrey Allen
c/o Harris & Harman Law Firm
PO Drawer 220
Rossville GA 30741
Attorney or Plaintiff Name and Address

vs.

Jeffrey Allen
c/o PO Drawer 220
Rossville GA 30741
Name and Address of PLAINTIFF

R.J. Corman Railroad Service LLC c/o Registered Agent Solutions Inc. 900 Old Roswell Lakes Pkwy Ste 310 Roswell GA 30076
Name and Address of DEFENDANT

MARSHAL'S ENTRY OF SERVICE

PERSONAL

GEORGIA, FULTON COUNTY

I have this day served the defendant(s) _____

_____ personally, with a copy of the within action and summons

This _____ day of _____, _____.

_____
DEPUTY MARSHAL

NOTORIOUS

GEORGIA, FULTON COUNTY

I have this day served the defendant(s) _____

By leaving a copy of the action and summons at his/their most notorious place of abode in said County.

Delivered same in hands of _____, a _____

_____ described as follows:

Age, about _____ years; weight, about _____ lbs; height, about _____ ft. _____ in.,

Domiciled at the residence of the defendant(s).

This _____ day of _____, _____.

_____
DEPUTY MARSHAL

CORPORATION

GEORGIA, FULTON COUNTY

Served the defendant R.J. Corman Railroad Service LLC, a corporation, by leaving a copy of the within action and summons with Pat Stamy @ 1115 in charge of the office and doing business of said corporation, in Fulton County, Georgia.

This 15 day of August, 2023.

C. Lakewood 4833
DEPUTY MARSHAL

BETTER ADDRESS

GEORGIA, FULTON COUNTY

Diligent search made and the defendant(s):

_____

Not to be found in the jurisdiction of said Court for the following reason:

_____

NON-EST

Please furnish this office with a new service form with the correct address.

This _____ day of _____, _____.

_____
DEPUTY MARSHAL

1 copy for court's records + 1 copy to be returned to Plaintiff after service attempted


529986